



South Carolina Department of Insurance

1201 Main Street, Suite 1000
Columbia, South Carolina 29201

Mailing Address:
P.O. Box 100105, Columbia, S.C. 29202-3105

MARK SANFORD
Governor
SCOTT RICHARDSON
Director of Insurance

BIOGRAPHICAL AFFIDAVIT FOR ADMINISTRATORS (Print or Type)

Full Name and Address of Administrator _____

In connection with the above-named administrator, I herewith make representations and supply information about myself as hereinafter set forth (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR -NONE", SO STATE.

1. Affiant's Full Name (Initials Not Acceptable). _____

2. a. Have you ever had your name changed? _____
If yes, give the reason for the change _____

3. Affiant's Social Security Number _____

4. Date and Place of Birth _____

5. Affiant's Business Address _____
Business Telephone _____

6. List your residences for the last ten (10) years starting with your current address giving:

DATE	ADDRESS	CITY AND STATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Education: Dates, Names, Locations and Degrees.

College _____

Graduate Studies _____

Others _____

8. List memberships in Professional Societies and Association.

9. Present or Proposed Position with the applicant administrator. _____

10. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past twenty (20) years, giving:

DATES	EMPLOYER AND ADDRESS	TITLE
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I 1. Present employer may be contacted. Yes No (Circle One)

Former employers may be contacted. Yes No (Circle One)

12. a. Have you ever been in a position which required a fidelity bond? _____

If any claims were made on the bond, give details. _____

13. List any professional, occupational and vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past (state date license issued, issuer of license, date terminated, reasons for termination). _____

14. During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? _____ If yes, give details. _____

15. List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power). _____

If any of the stock is pledged or hypothecated in any way, give details. _____

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant administrator or its affiliates? _____

17. Have you ever been adjudged a bankrupt? _____

18. a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to an information or indictment charging any crime involving fraud, dishonesty or moral turpitude, or charging violation of any corporate securities statute or any insurance law, or have you been subject of any disciplinary proceedings of any federal or state regulatory agency? _____

If yes, give details. _____

b. Has any company been so charged, allegedly as a result of any action or conduct on your part? _____

If yes, give details. _____

19. Have you ever been an officer, director, manager, administrator, trustee, investment committee member, key employee, or controlling stockholder of any company which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? _____

20. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? _____

If yes, give details _____

Dated and signed this _____ day of _____ at _____ I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of _____

County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 19____

(Notary Public)

(SEAL)

My Commission Expires _____

FORM #1000C